



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Jan Petrasek, M.D.

**Respondent Name**

Texas Mutual Insurance Co.

**MFDR Tracking Number**

M4-23-2499-01

**Carrier's Austin Representative**

Box Number 54

**DWC Date Received**

May 27, 2023

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
01/21/2023	99456-W5-NM Designated Doctor Examination	\$350.00	\$350.00

### Requestor's Position

"The Designated Doctor Examination was ORDERED by the Texas Department of Insurance-Division of Workers Compensation and was performed per DWC Rule 127.10. NO PRE-AUTHORIZATION IS REQUIRED. This is not an examination performed by the "treating doctor". This examination was requested by the Division of Workers Compensation (DWC) for a DESIGNATED DOCTOR EXAMINATION. Designated Doctor Examinations are NOT subject to PPO or contractual reductions..."

**Amount in Dispute:** \$350.00

### Respondent's Position

"...The benefits administrator for [claim number] issued a PLN-1 on 1/18/2022. Until the issue of compensability is resolved. Texas Mutual has reviewed the DWC-60 submitted by JAN PETRASEK MD. Our position is that no payment is due."

## **Findings and Decision**

### Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.250](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
3. [TLC §408.0041](#) sets out general policies and provisions of designated doctor examinations.

### Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 245 – The carrier is disputing the liability of the claim.
- 790 – This charge was reimbursed in accordance with the Texas Medical Fee Guideline.
- P6 – Based on entitlement to benefits.
- P12 – Workers' Compensation Jurisdictional Fee Schedule Adjustment.
- 131 – Claim specific negotiated discount.

### Issues

1. What rules and statutes apply to the disputed service?
2. Is the requester entitled to reimbursement for the service in dispute?

### Findings

1. Review of submitted documents finds that the requester billed the insurance carrier for CPT code 99456-W5-NM, rendered on January 21, 2023. The disputed service code involves a maximum medical improvement (MMI) examination of injured employee by a designated doctor.

Texas Labor Code §408.0041 sets out policies and provisions for designated doctor examinations, and states in pertinent part, "(a) At the request of an insurance carrier or an employee, or on the commissioner's own order, the commissioner may order a medical examination to resolve any question about... (2) the attainment of maximum medical

improvement;...

(h) The insurance carrier shall pay for: (1) an examination required under Subsection (a), (f), or (f-2), unless otherwise prohibited by this subtitle or by an order or rule of the commissioner;...”

The division finds that 28 TAC §134.250 applies to the reimbursement of CPT code 99456, and states in pertinent part, “...(3) The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT code 99456. Reimbursement shall be \$350...”

Submitted medical bills find that the requester appended CPT code 99456 with modifiers W5 and NM. In accordance with 28 TAC §§134.250 (3)(C) and 134.240 (1)(B), the examining doctor is required to bill an examination to determine maximum medical improvement with CPT code 99456 and modifier “W5.” If the examining doctor determines that maximum medical improvement has not been reached, the designated doctor is required by 28 TAC §134.250 (2)(A) to bill the examination with CPT code 99456 and modifier “NM”.

2. The requestor is seeking reimbursement in the amount of \$350.00 for CPT code 99456-W5-NM rendered on January 21, 2023.

Submitted documentation, specifically the DWC032 Request for Designated Doctor Examination form, finds that the disputed service was requested by the insurance carrier (also the respondent in this case) for the purpose of maximum medical improvement (MMI) determination.

The submitted medical documentation supports that the requestor performed, and billed for, an evaluation of MMI as was requested by the insurance carrier and as ordered by DWC, in compliance with 28 TAC §134.250.

In accordance with TLC Sec. 408.0041, the division finds that the requestor is entitled to reimbursement for CPT 99456-W5-NM, rendered on January 21, 2023. 28 TAC §134.250 (3)(C) states that the maximum allowable reimbursement for this examination is \$350.00.

The division finds that the requestor is entitled to reimbursement of \$350.00 for disputed code 99456-W5-NM, rendered on January 21, 2023.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The division finds the requestor has established that reimbursement of \$350.00 is due.

### **Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed services. It is ordered that Texas Mutual Insurance Co. must

remit to Jan Petrasek, M.D. \$350.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
June 29, 2023

\_\_\_\_\_  
Date

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).